

Azure Charitable Enterprises

Azure Charitable

Enterprises - Washington

### Inspection report

18a Bede Crescent  
Washington Old Village  
Washington  
Tyne and Wear  
NE38 7JA

Tel: 01914191867  
Website: [www.azure-charitable.co.uk](http://www.azure-charitable.co.uk)

Date of inspection visit:  
16 June 2021  
22 June 2021  
23 June 2021  
12 July 2021

Date of publication:  
04 August 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Azure Charitable Enterprises-Washington provides care, support and accommodation for up to 12 people living with a learning disability. There were 11 people living at the service at the time of our inspection. Accommodation is provided from two separate houses which are adjoined by a garden area.

People's experience of using this service and what we found

People were no longer at risk from unsafe care and treatment. Improvements had been made in relation to the Infection Prevention Control issues identified at our previous inspection, which led to enforcement action.

We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety.

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. Systems were in place for people to receive their medicines in a safe way.

People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. One relative said, "The staff are lovely and they employ good staff."

There was a cheerful atmosphere at the service. Staff spoke very positively about working at the home and the people they cared for. Staff said the manager was very approachable and they were supported in their role.

A quality assurance system was in place to assess the standards of care in the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Systems were in place to ensure the right culture was being promoted that people's human rights were respected and their opinions were listened to and valued. People were supported to make choices and achieve their aspirations. Staff adopted the ethos to provide person-centred care that enabled individuals to develop skills and behaviours to live more independent lives. A relative told us, "[Name] has learned a lot since they have been there – staff have taught [Name] how to get ready, they

pick their own clothes and food choices."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 25 March 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an announced focused inspection of this service on 21 January 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve to ensure people received safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Azure Charitable Enterprises-Washington on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Azure Charitable Enterprises - Washington

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a focused inspection to check whether the provider had met the requirements of the Notice of Decision in relation to Regulation 12 ( Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a specific concern we had about Infection prevention and control not being well-managed which placed people at risk of unsafe care.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector. The inspection was started virtually and was followed up with a site visit. An Expert-by-Experience supported the inspection remotely. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Azure Charitable Enterprises-Washington is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a thirty-minute period of notice of the inspection. This supported staff and ourselves to manage any potential risks associated with COVID-19.

Inspection activity took place off site between 16 June 2021 and 12 July 2021. A site visit to Azure Charitable Enterprises-Washington took place on 12 July 2021. We made telephone calls to people and relatives on 22 and 23 June 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, two team leaders and five support workers.

We reviewed a range of records. This included four people's care records and one person's medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection a safe and effective infection control system was not fully in place to ensure people were protected from the risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made in relation to the issues identified at the previous inspection and provider was no longer in breach of the regulations.

### Preventing and controlling infection

- Improvements had been made and an effective infection control system was now in place to keep people safe and reduce the spread of infection.
- Staff wore appropriate PPE. One staff member said, "We've had had training about the use of PPE including "putting it on" and "taking it off." PPE stations were placed at entrances to the houses, with stocks of PPE and hand sanitisers also available.
- Posters were displayed in corridors in the houses, to support and remind staff to follow IPC procedures.
- National guidelines were followed to check visitors before entering the houses to ensure people using the service, visitors and staff were kept safe from the risk of COVID-19. A relative commented, "They [staff] have been absolutely brilliant before and during pandemic. They have done a magic job. We have to have tests before going to the cabin outside."
- The environment was clean and tidy. There was a regular daily cleaning regime, with evidence of regular audits by the team leaders and registered manager. The registered manager said ancillary staff were in the process of being employed.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- People and relatives said people were kept safe. One person commented, "I live here I feel safe."

### Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge.

### Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- A safe recruitment system was in place to help ensure suitable staff were appointed, who were of good character and competent.

#### Using medicines safely

- Medicines were managed safely. Where people required support to take prescribed medicines, risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe and person-centred way.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

#### Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The ethos of the organisation promoted openness and inclusivity.
- Improvements to some systems had been made, as a result of findings at the previous inspection.
- Systems to support robust Infection Prevention Control procedures (IPC) were now fully embedded at the home to ensure best practice guidance was followed and adhered to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- Regular internal checks and audits were completed to monitor service provision, and systems were in place and becoming more robust to check the effectiveness of the audits carried out internally and to observe staff practice.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. Regular group meetings also took place with people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home.
- Staff said they were well-supported. They were very positive about the registered manager and said they were approachable. People and staff all said the registered manager was approachable, with many saying, "They are lovely, we can talk to them, they're very approachable."

Continuous learning and improving care; Working in partnership with others

- There was a focus on learning and improvement.

- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The registered management team took on board people's opinions and views to make improvements.